

**STATE OF MONTANA  
OFFICE OF THE STATE PUBLIC DEFENDER  
APPELLATE DEFENDER OFFICE**

**TRANSCRIPT CLAIM FORM**

Cause No. \_\_\_\_\_

Case Name: \_\_\_\_\_

Attorney Requesting Transcripts: \_\_\_\_\_

Date Ordered \_\_\_\_\_ Date Completed \_\_\_\_\_

Allowable Costs pursuant to Mont. Code Ann. § 3-5-604

Original            No. of Pages: \_\_\_\_\_ @ \$2.00 per page = \$ \_\_\_\_\_

First Copy        No. of Pages: \_\_\_\_\_ @ \$.50 per page = \$ \_\_\_\_\_

Add. Copies      No. of Pages: \_\_\_\_\_ @ \$.25 per page = \$ \_\_\_\_\_

(One original (reduced format) plus one dvd-r containing PDF to the Supreme Court , one copy to County Attorney, one copy to Attorney General, one copy to Defense Counsel or Appellate Defender (depending on who is representing appellant).

Additional Costs: \$ \_\_\_\_\_

Summary of Additional Costs:

\_\_\_\_\_  
\_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Court Reporter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court Reporter Signature and Date: \_\_\_\_\_

**(Upon receipt of this bill, the OPD has 45 days to make payment for your services)**